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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	MEM P82
	<b>First Named Inventor</b>	Wilfried Van Moerlegheem
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09 / 313,013
	<b>Filing Date</b>	05/17/99
	<b>Group Art Unit</b>	3732
<input type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b>	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Medical Instruments and Devices And Parts Thereof Using Shape Memory Alloys**

the specification of which (Title of the Invention)

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) **05/17/99** as United States Application Number or PCT International Application Number **09/313,013** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

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Number Bar Code  
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Name	Registration Number	Name	Registration Number
Jerry Cohen	20,522	Stephen Y. Chow	31,338
Harvey Kaye	18,978	Jacob N. Erlich	24,338
Edwin H. Paul	31,405	Christine M. Kuta	38,001

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  or Bar Code Label

OR ☒ Correspondence address below

Name	Harvey Kaye				
Address	Perkins, Smith & Cohen, LLP				
Address	One Beacon Street, 30th Floor				
City	Boston	State	MA	ZIP	02108-3106
Country	USA	Telephone	301-948-5535	Fax	301-216-1199

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Wilfried Van		Moorlegghem	
Inventor's Signature			Date
Residence: City	Lubeek	State	Country Belgium
Post Office Address	Kroonstraat 4		
Post Office Address			
City	Lubeek	State	Country Belgium

☒ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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+

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page ___ of ___
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Anja				Serneels			
Inventor's Signature						Date	
Residence: City		Diest		State		Country	
				Belgium		Citizenship	
				Belgian			
Post Office Address		E. Robeynslaan 65					
Post Office Address							
City		Diest		State		ZIP	
				3290		Country	
				Belgium			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
L. McDonald				Schetky			
Inventor's Signature						Date	
Residence: City		Camden		State		Country	
		ME		US		Citizenship	
				US			
Post Office Address		318 Molyneaux Road					
Post Office Address							
City		Camden		State		ZIP	
				ME		04843	
				Country		US	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City				State		Country	
						Citizenship	
Post Office Address							
Post Office Address							
City				State		ZIP	
						Country	

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number MEM P82

First Named Inventor Wilfried Van Moerleghem

## COMPLETE IF KNOWN

Application Number 09 / 313,013

Filing Date 05/17/99

Group Art Unit 3732

Examiner Name

As a below named inventor, I hereby declare that:

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**Medical Instruments and Devices And Parts Thereof  
Using Shape Memory Alloys**

the specification of which (Title of the invention)

☐ is attached hereto  
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				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

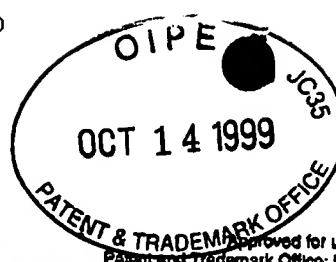
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

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Harvey Kaye	18,978	Jacob N. Erlich	24,338
Edwin H. Paul	31,405	Christine M. Kuta	38,001

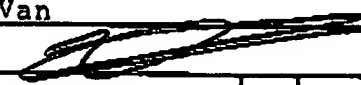
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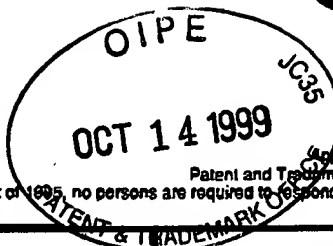
Name	Harvey Kaye				
Address	Perkins, Smith & Cohen, LLP				
Address	One Beacon Street, 30th Floor				
City	Boston	State	MA	ZIP	02108-3106
Country	USA	Telephone	301-948-5535	Fax	301-216-1199

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Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname	
Wilfried Van		Moorleghem	
Inventor's Signature			Date
Residence: City	Lubeek	State	Country Belgium
Post Office Address	Kroonstraat 4		
Post Office Address			
City	Lubeek	State	ZIP B3210
Country	Belgium		

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Anja				Serneels			
Inventor's Signature						Date	
Residence: City	Diest	State		Country	Belgium	Citizenship	Belgian
Post Office Address E. Robeynslaan 65							
Post Office Address							
City	Diest	State		ZIP	3290	Country	Belgium
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
L. McDonald				Schetky			
Inventor's Signature						Date	
Residence: City	Camden	State	ME	Country	US	Citizenship	US
Post Office Address 318 Molyneaux Road							
Post Office Address							
City	Camden	State	ME	ZIP	04843	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
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Post Office Address							
City		State		ZIP		Country	

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